

patients and one of caregivers. **CONCLUSIONS:** Most study abstracts reporting on the humanistic burden in dementia in 2014 did not specify use of a dementia-specific instrument. Only 25% of studies assessed burden on caregivers, and utility values were rarely reported.

PMH40

PATIENT, CAREGIVER AND TREATMENT FACTORS ASSOCIATED WITH MEDICATION SATISFACTION AMONG TREATED PATIENTS IN THE CAREGIVER PERSPECTIVE ON PEDIATRIC ADHD (CAPPA) STUDY IN EUROPE

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OBJECTIVES: To evaluate the association between caregiver's reported attention-deficit/hyperactivity disorder (ADHD) medication satisfaction (MS) and child and caregiver socio-demographics; ADHD severity; comorbidities; medication attributes; treatment classes. **METHODS:** CAPPA is a cross-sectional online survey of caregivers of children (6–17 years) with ADHD receiving pharmacological treatment for ADHD at survey completion (2012–2013) in 10 European countries. ADHD Rating Scale Version IV (ADHD-RS-IV) total score during treatment interruption (off medication) was used as a proxy for baseline severity. Caregivers were asked to rate satisfaction with medication attributes (Convenience: administration frequency, tablet size; Effectiveness: duration of action, time to onset, symptom control; Safety: side effects, abuse/misuse potential, dependence/addiction potential) on a 7-point scale ranging from 'very satisfied' to 'very dissatisfied'. Children's comorbidities at baseline/treatment classes were also reported by caregivers. Significant factors ($p < 0.01$) using bivariate and correlation analyses are reported. **RESULTS:** Among 3688 respondents, 2853 (77%) whose child was using ADHD medication at survey completion were evaluated. Children's mean (SD) age was 11.4 (3.1) years, 81% were male; 67% of caregivers were female. MS was rated as: very satisfied (20%), satisfied (39%), moderately satisfied (29%), and combined neither satisfied nor dissatisfied, moderately dissatisfied, dissatisfied or very dissatisfied (12%). Better MS was reported with lower ADHD severity and fewer comorbidities. Comorbidities significantly associated with lower MS were anxiety, conduct disorder, aggression and oppositional defiant disorder. Medication attributes with strongest correlation to MS were symptom control ($r = 0.6$), duration of action (0.5) and time to onset (0.4). Significantly higher MS was associated with caregivers who were married, female, employed or a parent with ADHD. MS varied by country. **CONCLUSIONS:** Lower ADHD severity and fewer comorbidities were associated with higher MS. Effectiveness attributes were of highest priority to caregivers and MS differed by caregiver characteristics. These factors should be considered when making a treatment plan.

PMH41

OCCUPATIONAL DISABILITY AND ECONOMIC DEPRIVATION OF INDIVIDUALS SUFFERING FROM TREATED MENTAL HEALTH DISORDERS

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OBJECTIVES: Mental Health Disorders impair occupational performance and lead to handicap and economic deprivation. The current contribution quantifies the degree of these problems among two representative samples of the German and the UK population. **METHODS:** Two representative samples ($n = 3,571$) of the adult population (20–65 years) in Germany and UK were surveyed in 2012 with a questionnaire containing information about occupational status, job related handicaps, economic and demographic information. From a survey five years earlier (2007) information for the same persons about possible mental health disorders and their treatment were available. Longitudinal regression analysis estimates the impact of mental status on occupational disability and financial deprivation. **RESULTS:** In the initial survey 18.5% of the sample suffered from depression and 7.0% from anxiety/phobia. 53.8% of the depressive individuals and 56.8% of the individuals suffering from anxiety or phobia were treated by General Practitioners or Specialists. Five years later unemployment due to mental health reasons was reported by 57.2% of the persons with treated mental health disorders but only by 19.9% of the group with no mental health disorders. Individuals with mental disorders needed – among other handicaps – more often breaks at work than persons with no disorders (33.3% vs. 8.5%) or could no longer perform all elements of their jobs (28.9% vs. 6.9%). Occupational handicap resulted in economic deprivation: 28.0% of the treated mental health group reported a monthly net income of less than 800GP compared to 13.2% of the group with no mental health disorders. **CONCLUSIONS:** Mental Health Disorders have considerable impacts on occupational performance, participation in work life and on the financial economic situation. Individuals who are under treatment suffer more often from these handicaps than untreated – presumably because of their more severe disease status.

MENTAL HEALTH – Health Care Use & Policy Studies

PMH42

OPIOID ADDICTION TREATMENT IN THE EU5: MARKET ACCESS LEVERS FOR EMERGING BRANDS ENTERING A GENERIC MARKET

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OBJECTIVES: Standard-of-care for opioid addiction is substitution therapy with methadone, buprenorphine, or buprenorphine/naloxone. As EU5 healthcare budgets tighten, this study explored how emerging brands may gain a foothold in this increasingly generic market, as payers and prescribers balance clinical need with limited funds. **METHODS:** In February 2015, 253 EU5 psychiatrists were surveyed regarding their prescribing for opioid addiction. In addition, 15 payers/payer-advising KOLs who

influence reimbursement at national/regional level were interviewed. **RESULTS:** Interviewed EU5 payers emphasize that there are high administrative costs involved with providing opioid substitution products to addicted patients, especially for methadone, which generally requires daily clinic visits to allow patients to receive their medication under direct supervision. A substitution therapy requiring less-frequent clinic visits would decrease administrative costs and could be preferred as long as efficacy parameters relative to standard-of-care are maintained. Similarly, surveyed EU5 physicians indicate that potential for abuse or diversion and patient compliance are major considerations for prescribing a new therapy (15% [Spain] to 24% [France] and 28% [UK] and 52% [Spain]) of respondents cite these factors, respectively, as a top three consideration). The former could be decreased and the latter increased if therapies were dosed less frequently. A long-acting buprenorphine injection, such as Camurus/Braeburn Pharmaceuticals' CAM-2038, could, therefore, appeal to both payers and prescribers. Indeed, 86–96% of surveyed physicians are willing to prescribe CAM-2038 if it establishes a similar efficacy, safety, and tolerability profile to existing buprenorphine products in clinical trials. **CONCLUSIONS:** The opioid addiction market is dominated by generic products. However, while payers and prescribers are constrained by tight healthcare budgets, our primary research indicates that new brands such as long-acting depot CAM-2038 could gain traction via powerful marketing that focuses on their ability to reduce potential for abuse/diversion and increase compliance, provided existing efficacy and safety standards are maintained.

PMH43

REDUCING CONSUMPTION VERSUS MAINTAINING ABSTINENCE: MARKET ACCESS CHALLENGES FACING A NOVEL TREATMENT PATHWAY FOR ALCOHOL ADDICTION IN THE EU5

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OBJECTIVES: Nalmefene (Lundbeck's Selincro) is the only marketed drug that aims to reduce alcohol consumption rather than maintain abstinence in alcohol-dependent patients. By examining reimbursement and uptake of nalmefene in the EU5, we explore market access challenges for the novel treatment pathway this drug represents. **METHODS:** In February 2015, 253 psychiatrists in France, Germany, Italy, Spain, and the UK were surveyed regarding their prescribing of nalmefene. In addition, 15 EU5 payers involved in determining and regulating access to alcohol addiction pharmaceuticals were interviewed. **RESULTS:** On average, 10% (UK) to 30% (France) of surveyed physicians' drug-treated alcohol-addicted patients receive nalmefene. The most commonly cited reasons for not prescribing nalmefene are unfamiliarity with the drug (especially in the UK), a belief that the treatment goal should be abstinence, and preference for another pharmacotherapy. Furthermore, 20% of all surveyed EU5 psychiatrists cite maintaining abstinence/reducing relapse as the greatest unmet need in the pharmacological treatment of alcohol addiction, while 18% (UK) to 38% (France) identify efficacy for maintaining complete abstinence from alcohol after withdrawal and detoxification as their key driver for prescribing a new therapy. Interviewed payers similarly consider nalmefene's goal of reducing alcohol consumption rather than maintaining abstinence to be a reimbursement challenge, and one that, alongside perceived modest efficacy, has contributed to suboptimal HTA ratings in France and Germany, and to total lack of reimbursement in Italy. **CONCLUSIONS:** Perception of abstinence as the main aim of treatment for alcohol addiction is a considerable market access hurdle for nalmefene and emerging alcohol consumption-reducing agents. Robust superiority over comparators, persuasive marketing that illustrates the benefits of alcohol reduction versus abstinence, and effective targeting of national, regional and local stakeholders are essential to encourage payers to think beyond the price tag, and to maximize familiarity with and use of this novel treatment pathway among prescribers.

PMH44

INEQUITY IN ACCESS TO ALZHEIMER DISEASE INDICATED TREATMENT ACROSS DIFFERENT GEOGRAPHIC AREAS OF TURKEY

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OBJECTIVES: To assess the differences in the utilization of drugs indicated for AD treatment across different geographic areas in Turkey and to identify the factors that may influence possible disparity in the usage. **METHODS:** Summary data for all 81 cities in Turkey have been collected. The data include IMS sales (standard unit sales data of all products indicated for AD – memantin, rivastigmin, donepezil, galantamin), demographic (age distribution, education level, population density etc.), health policy (number of family physicians and specialists, hospital beds, nursing homes, average hospital admission rate) and affordability data (social security coverage rate). We calculated "utilization score" for all cities, dividing the number of standard units sold by the number of subjects who are assumed to have AD. A composite "indicator score" was calculated for all cities, summing the weighted values of all indicators. The relationship of the indicators and the composite indicator scores with "utilization score" were analyzed by means of Pearson and Spearman correlation analysis as needed. Then, a multivariate regression model was built to determine the degree of impact of each indicator. **RESULTS:** There were significant differences in the relative utilization of AD treatments among cities and regions. Generally industrialized and larger cities had higher utilization than smaller and/or less-developed cities by means of infrastructure. It is seen from the multivariate regression model that, utilization index increases when SGK coverage rate and population density increase and when household size decrease. **CONCLUSIONS:** Geographical disparities in the usage are initially assumed to be related to scarcities in healthcare infrastructure and regional socio-economic factors. However, it is seen that healthcare infrastructure is less influential on utilization disparity, which has found to be highly driven by socio-economics factors including affordability, population density (disperse residence) and household size (indirect indicator for socio-economy and family member to provide caregiver service in Turkish culture)

PMH45

DRUG UTILIZATION PATTERN OF LISDEXAMFETAMINE DIMESYLATE IN EUROPE

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OBJECTIVES: The objective of the study is to provide utilization data for lisdexamfetamine dimesylate (LDX) following its launch in 2013 in Europe for treatment of attention deficit hyperactivity disease (ADHD). **METHODS:** This is a multi-country drug utilization study using database analysis. Longitudinal EMR databases (Disease Analyzer, Germany and CPRD, United Kingdom), National Registries (Denmark, Sweden), prescription databases using pharmacy retail data (IFAK/New Index, Switzerland) and cross-sectional databases (Prescribing Insights Spain, Switzerland) were used. The study includes all patients in the databases who have been prescribed LDX at least once during the study period (March [first EU launch] 2013 – December 2014). **RESULTS:** The majority of patients treated with LDX were males in all six European countries studied: Germany (84% in Paediatrician Panel, 78% in Neurology/Psychiatry panel), UK (82%), Spain (87%), Denmark (63%), Sweden (60%) and Switzerland (75%). Less than 1% of all patients were < 6 years in all countries studied. The proportion of patients treated with LDX > 18 years of age was estimated to be 12% in Germany (Neurology/Psychiatry Panel Germany), 12% in the UK (CPRD), 45% in Denmark, 60% in Sweden and 70% in Switzerland. Prescribed average daily dose (ADD) of LDX was within the recommended range (30–70mg) for 97% to 100% of the patients, with a mean ADD of 44mg in Germany, 48mg in UK and about 44mg in Sweden. In Denmark and Switzerland, the recommended dose was not recorded on the prescription. **CONCLUSIONS:** Overall, the findings indicate that LDX is mainly prescribed within the EMA-approved Summary of Product Characteristics with regard to the indicated patients and dose regimen. Adult use is more common in Switzerland where use of LDX was already licensed for adults in 2014, or in Denmark and Sweden where use of LDX is indicated for adults as of 2015. Prescribed use in patients less than 6 years is ≤1%.

PMH46

ANTIDEPRESSANT USE IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER: A COMPARISON OF TREATMENT RESISTANT AND NON-TREATMENT RESISTANT EPISODES IN THE UNITED KINGDOM USING THE CPRD DATABASE

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OBJECTIVES: A subset of patients with Major Depressive Disorder (MDD) who are treated with, but do not respond to antidepressant and/or antipsychotic (ADAP) drugs/ mood stabilizers are characterized as progressing to treatment resistant depression (TRD). This study characterized TRD and non-TRD episodes among MDD patients in the UK Clinical Practice Research Datalink (CPRD) during 2000–2012. **METHODS:** Business rules centered on diagnosis and use of antidepressants were used to identify new MDD episodes. Treatment regimens were defined as mono- or combination therapy with concurrently administered ADAP drugs. TRD was defined as ≥2 distinct failed regimens in an episode. Adults 18 to 65 years of age were included. **RESULTS:** Of the 427,467 MDD patients, 291,388 (68.2%) were excluded because they lacked an index diagnosis date, met an exclusion diagnosis criterion, did not meet the age criteria, or had missing age or gender; 136,079 patients (31.8%) were retained. A total of 6,311 (5.1%) distinct episodes with ≥1 ADAP prescription were treatment-resistant, with 6,221 (5.9%) of all patients experiencing ≥1 TRD episode. Median time to developing TRD was <11 months (307 days). Mean duration of a TRD episode was 1,239 days versus only 305 days for non-TRD episodes. Nearly half (46%) of all TRD episodes had up to 4 lines of treatment (LOTS); in contrast, only 19% of non-TRD episodes with ≥1 ADAP prescription had >1 LOT. Use of combination drug regimens was seen in 46.6% of TRD episodes compared with 12.8% of drug-treated non-TRD episodes. TRD episodes were associated with higher electroconvulsive therapy exposure, more psychiatrist visits and behavioral therapy sessions versus non-TRD episodes. More TRD patients suffered from comorbidities such as anxiety and panic disorder. **CONCLUSIONS:** This analysis of data from the largest provider of health care in the UK highlights the significant burden of TRD on patients and providers.

PMH47

CHARACTERISTICS AND HEALTHCARE RESOURCE USE OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER INITIATED ON SNRI COMPARED TO SSRI IN BEIJING CHINA

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OBJECTIVES: To compare baseline characteristics and major depressive disorder (MDD)-related healthcare resource use during the 1-year post-medication initiation of patients with MDD who were initiated on selective-noradrenaline-reuptake inhibitor (SNRI) compared to selective-serotonin-reuptake inhibitor (SSRI) in Beijing. **METHODS:** Data from the Beijing Urban Employee Basic Medical Insurance Database from July 1, 2011–December 31, 2013, were used. Patients diagnosed with MDD were identified using ICD-10th F32/F33. The first-diagnosis date in 2012 was designated as the index date. Patients were aged ≥18 years; without comorbid cancer, schizophrenia, or bipolar disorder; and with 12-months continuous enrollment. Logistic regression with stepwise-effect-selection method and multivariate analyses were performed. **RESULTS:** A total of 4769 patients were included, with 8.6% initiated on SNRI. Compared with SSRI initiators, SNRI initiators were more likely to be treated at mental than general hospitals (Odds ratio (OR) [95% confidence interval (CI)]: 1.96[1.58, 2.42]), had more MDD-related outpatient visits during the 6-month pre-index date (1.18[1.11, 1.25]), and were more likely to be treated at tier-3 hospitals (0.15[0.06, 0.41] for tier 1 vs 3; 0.50[0.36, 0.69] for tier 2 vs 3). In the year following medication initiation, few patients (0.5%) experienced MDD-related hospitalizations in either medication initiation group. The SNRI and SSRI initiators

were not significantly different on MDD-related outpatient services (least-squares mean difference[95% CI] for number of outpatient visits: 0.31[-0.01, 0.64]; OR[95% CI] for having ≥2 outpatient visits: 1.04[0.82, 1.32] for SNRI vs SSRI). **CONCLUSIONS:** Chinese physicians seem more likely to choose SNRI than SSRI for the treatment of severely-ill MDD patients, as suggested by the patients' higher likelihood of being treated at mental hospitals and having more MDD-related outpatient visits pre-medication initiation. Although SNRI initiators may be more severely-ill at medication initiation, they were not found to differ from SSRI initiators on outpatient and inpatient service use for MDD in the year following medication initiation.

PMH48

THE ECONOMIC CONSEQUENCES OF THE USE OF ANTIDEPRESSANTS IN BELGIUM: PRESCRIBING BEHAVIOR AND MISUSE OF ANTIDEPRESSANTS

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OBJECTIVES: Antidepressants use is increasing worldwide but is particularly high in Belgium compared to other EU countries whereas suicide-rates in Belgium are among the highest. This could reflect misuse of antidepressants resulting in an important economic burden. The latter is part of a separate abstract. This study assesses the prescribing patterns of antidepressants in Belgium and whether there is misuse or not. **METHODS:** Given the efforts to deinstitutionalize mental health services, primary care plays now an important role in the diagnosis and treatment of mild to moderate mental health disorders. As such, patients treated in 2014 that had no prescription with antidepressants in 2013 were analysed from the IMS Health Longitudinal Patients Database (IMS Health LPD). The reasons for antidepressant prescription and the treatment duration were assessed. The IMS Health LPD, in Belgium collects information on diagnosis and prescriptions of a set of 360 general practitioners covering about 300,000 patients. Data is collected through an office-based Electronic Medical Records software. **RESULTS:** IMS Health LPD showed that 60% of patients taking antidepressants receive it for depression. The next most frequent diagnosis was sleeping disorders (17%) and anxiety (7.5%). Moreover, of the patients with depression, 16% received only 1 prescription of an antidepressant covering at maximum a month of treatment. This can be considered insufficient given the mode of action of these drugs (treatment effect only starts after three weeks). **CONCLUSIONS:** Real world data on Belgian antidepressants prescription clearly shows that antidepressants are used outside the generally accepted indications and, when used in the correct indication for a too short time period. By improving prescribing patterns of antidepressants mental health indicators might improve.

PMH49

THE ECONOMIC CONSEQUENCES OF THE USE OF ANTIDEPRESSANTS IN BELGIUM

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OBJECTIVES: Antidepressants use is increasing worldwide but is particularly high in Belgium compared to other EU countries whereas suicide-rates in Belgium are among the highest. This could reflect misuse of antidepressants resulting in an important economic burden. The former is part of a separate abstract. The aim here was to evaluate potential savings that could be realized in case prescriptions behavior in Belgium would be similar to neighbor countries. **METHODS:** Current spending levels for antidepressants and mood stabilizer prescriptions were determined in Belgium, France and the Netherlands. Volume and value sales were determined per country (average number of pills sold/capita) based on IMS Health Belgian National Retail Database available to IMS Health in both countries via the IMS MIDAS platform (2013 data). The potential country-level prescription cost in Belgium was estimated by multiplying average number of pills/person in France and the Netherlands, with the cost/pill in Belgium and extrapolating the result to the total population in Belgium, assuming that prescribing levels in Belgium were equal to those in France and the Netherlands and using Belgian prices. **RESULTS:** In Belgium the number of pills per capita is respectively 45% and 48% higher compared to France and the Netherlands (34.17 vs. 23.62 vs. 23.15 pills/person). With a 30% smaller population than the Netherlands, spending in Belgium is 4 times higher. In France, having a 6 times larger population compared to Belgium, spending is only 3 times higher. The estimated savings for the Belgian payer applying the usage (pill/person) of respectively France and the Netherlands and current cost/pill in Belgium were €67 and €70 Mn, meaning around 30% of current spending in Belgium. **CONCLUSIONS:** By comparing Belgium's prescription patterns to France and the Netherlands, we estimated important potential savings due to antidepressant mis-use/over-use that could be re-invested in for example mental health prevention.

PMH50

DEPRESSION: HIGHLIGHT MOLECULES USED IN PATIENTS FROM SUPPLEMENTARY HEALTH IN BRAZIL

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OBJECTIVES: Depression is the most common psychiatric disease in the world that has a reactive environmental character, where the atmosphere can provide this disease. The objective of this study was to identify the types of drug treatments for depression, in 2014, with data from the health insurance of Brazil. **METHODS:** The patients were identified through the health insurance database of Brazil, from January to December 2014, who bought some antidepressants medication in the analyzed period. From the date of the purchase, it was possible to obtain a methodology capable of identifying the age of these patients and the main molecules used for the treatment. **RESULTS:** From a total of 884.143 patients who used any type of antidepressant, it was found that 85% of these patients used the following molecules: Fluoxetine (19.0%), Sertraline (18.6%), Escitalopram (14.1%), Paroxetine (12.8%), Bupropion (11.1%) and Amitriptyline (9.5%). Considering the age of these patients it was identified that from the age of 30, the incidence in the